



PUBLIC PROTECTION CABINET
 DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
 DIVISION OF HVAC
 101 SEA HERO ROAD, SUITE 100
 FRANKFORT, KENTUCKY 40601-5405
 Tel: 502 573-0397 Fax: 502 573-1058



**APPLICATION FOR APPROVAL AS A CONTINUING EDUCATION COURSE
 PROVIDER FOR HVAC LICENSURE**

FOR OFFICE USE ONLY

Reviewed By:
 Date Provider Approved:
 Provider Number:

APPLICANT INFORMATION

Name of Provider:		Daytime Telephone Number:		
Street Address:		City:	State:	Zip Code:
Name of Provider Owner(s):	Address of Provider Owner(s):		E-Mail Address:	

**TYPE OF PROVIDER
 (CHECK PROVIDER TYPE BELOW)**

- TRADE ASSOCIATION
- TRADE SCHOOL, COLLEGE, TECHNICAL SCHOOL
- CONTINUING EDUCATION COMPANY (SHALL PROVIDE ONE COURSE IN EACH CONGRESSIONAL DISTRICT QUARTERLY)
- HVAC CONTRACTING COMPANY WITH FULL TIME EDUCATION PROGRAM (VERIFICATION OF PROGRAM REQUIRED) **JOURNEYMAN ONLY**
- HVAC MANUFACTURER OR DISTRIBUTER WITH FULL TIME EDUCATION PROGRAM (VERIFICATION OF PROGRAM REQUIRED) **JOURNEYMAN ONLY**

SUBMIT THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

- 1. Statement of Objectives:** Each provider shall have learning objectives, whether course is for Master HVAC Contractor or Journeyman or both, time to complete course, course name, course number and these shall be made known to potential enrollees in your advertisements. How are you going to meet this requirement?
- 2. Responsible Person(s) for Education:** Please provide the name and contact information of the individual in your organization that will be developing and implementing your educational program?

<p>3. Maintenance of Records: It is required that providers maintain records for three (3) years for those individuals who complete your course. How do you propose to accomplish this?</p>
<p>4. Fees: You are required to disclose the fee, if any, to be charged to participants? Please provide your enrollment fee, if any.</p>
<p>5. Facilities & Offerings: It is required that courses be administered in an environment conducive to learning. Where do you anticipate that you will be conducting courses and what are your proposed date offerings? You are required to provide location name and address of each venue and proposed course dates (30) thirty days in advance.</p>
<p>6. Continuing Education Course Criteria: All courses shall define whether the course is for Master, Journeyman or both. Courses shall contain information relevant to the day to day operation of HVAC business, job safety, Mechanical Code, and other content as it relates to the HVAC trade. Course approvals shall be valid for (2) two years from approval date by the Department. Changes to course content shall require resubmission to the Department for approval.</p>
<p>7. Course Content Requirements defined: All courses shall contain information related to the day-to-day operation of a HVAC business. Courses relating to business shall include one or more of the following: Business Law, Accounting Practices, or Insurance. Courses relating to job safety shall directly relate to the construction trade. Courses related to the Mechanical Code shall include one or more of the following: the adopted version of Mechanical Code, Fuel Gas Code, Kentucky Building Code or Kentucky Residential Code. Courses other than those defined herein shall require documentation of relevancy to the HVAC trade.</p>
<p>8. Program Evaluation: A program evaluation shall be provided to course attendees for their comments regarding quality and effectiveness of the course. Evaluations are not required to be returned by providers. Evaluations shall include the name of the provider, name of the course, date course taken and the location of the course. Please ATTACH a sample evaluation form to this application.</p>
<p>9. Course Completion Record: Course enrollees who successfully complete the course shall receive a tangible record of attendance and completion. Said certificate shall consist of name, address, HVAC license number(s), date of attendance and course(s) completed. Please attach a sample certificate to this application. Providers shall retain a copy of each attendee's certificate and electronically advise the Department of attendees and course completions.</p>
<p>10. Cancellations: The Provider shall give notice of cancellation no less than five (5) working days prior to scheduled classes unless the Governor declares a state of emergency or other conditions exist that would preclude a five (5) day notification of cancellation. Upon cancellation of a course, a full refund shall be issued to enrollees or the enrollees shall be rescheduled for the next available course. Please state the method by which enrollees are to be advised of cancellations.</p>
<p>11. Student Enrollments: There shall be no cancellations when there are ten (10) or more enrollees. If less than ten (10) students are enrolled, enrollees are to be notified of cancellation or rescheduled no less than five (5) business days prior to the scheduled class. The Department shall receive notification of scheduling changes at least ten (10) working days prior to the originally scheduled course date by fax or e-mail to the Director of HVAC.</p>
<p>12. Course Audits and Disciplinary Action: Records of each Provider shall be forwarded to the Department within ten (10) business days following written request. Representatives of the Department may, at any time, attend a course to ensure compliance with objections, as approved. A course provider applicant shall be denied approval or provider's approval revoked if either attempts to obtain course approval fraudulently by falsification of content or representation; who fails to provide complete and accurate information for initial approval or in notification of changes; who falsely advertises a course as approved by the Department before approval is granted; or fails to comply with the requirements established by HVAC regulations.</p>

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and direct any person, firm, officer, corporation, association, organization, or institution to release to the Kentucky Division of HVAC, any files, documents, records, or other information pertaining to the named individual or organization requested by the Board or any of their authorized representatives, in connection with processing this application for approval of an organization to provide continuing education courses.

I hereby release the aforementioned persons, firms, corporations, associations, organizations, and institutions from any liability with regard to such inspection or furnishing of any such information.

I further authorize the Kentucky Division of HVAC to disclose to the aforementioned organizations, persons, and institutions, any information, which is material to this application, and I hereby specifically release the Board or its representative, from any and all liability in connection with such disclosures.

I agree to periodic monitoring of approved programs at the discretion of the Kentucky Division of HVAC.

I acknowledge and understand that any information provided in this application that is found to be fraudulent, will be used to deny the application or if registration has been issued, revocation or suspension of the registration.

A photo static copy of this authorization for release of information has the same force and effect as the original.

AUTHORIZATION

Signature:

Date Signed: